



## ISDH Hospital Service Report

State Form 49476 (R /7-02)

IC 16-21-6

### I. Hospital Information

Hospital Name: ST. VINCENT CLAY HOSPITAL

Provider #: 151309

City: Brazil

County: Clay

Year: 2010

#### LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ☒ Acute License ☐ LTC Certification

Private Accreditation: ☒ JCAHO ☐ HFAP

CMS Specialized Hosp: ☒ CAH ☐ TLC ☐ Rehab

DRG Exempt: ☐ Psych ☐ Rehab ☒ Swing Bed

Number of Total Hospital Full Time Equivalents 159

### II. Hospital Service Utilization

Hospital Service Description	Number of Set-up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	25	595	1962	\$1,668,976
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	0	0	0	\$0
Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	128	1360	\$454,718

Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	25	723	3322	NA

### III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	0	0	0

### IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	258	HIV	5
Neoplasms	439	Endocrine	1967
Diseases of Blood	494	Mental Disorders	676
Nervous	939	Circulatory	2276
Respiratory	944	Digestive Diseases	1260
Genitourinary	1473	Pregnancy	133
Skin	682	Musculoskeletal	4330
Congenital	45	Perinatal	44
All Injuries	817		
Other/Known	17633	Total Encounters	34415

Total ED Visits	ED Injury Visits	ED Injury Admissions
9986	3140	187

### Comments